MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

February 2012

CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Patient Centered Medical Home Program

NCQA Recognition
48 out of 53 practices have received NCQA level recognition. Five practices are still pending final NCQA recognition determination. A contract with NCQA has been reached for NCQA to extract data needed to determine if Maryland-specific requirements have been met by practices. Staff expects to analyze that data to ascertain program compliance in the March-April timeframe.

Quality Measure Reporting
Quality Measure reporting in the aggregate, and without benchmarks, is due February 29, 2012. As of February 6, twenty practices had already logged onto the web portal to begin the process of data entry.

Maryland Learning Collaborative
A Maryland Learning Collaborative meeting was held on February 4, 2012 and was attended by about 150 people. Subject matter included advance directives, health information technology, quality measure reporting, shared savings methodology, and comprehensive pharmacy management.

The Commission was informed by Johns Hopkins that US Family Health Plan had approved participation in the MMPP effective January 1, 2012.

Information regarding the PCMH program is available on the Commission's website at: http://mhcc.maryland.gov/pcmh/.

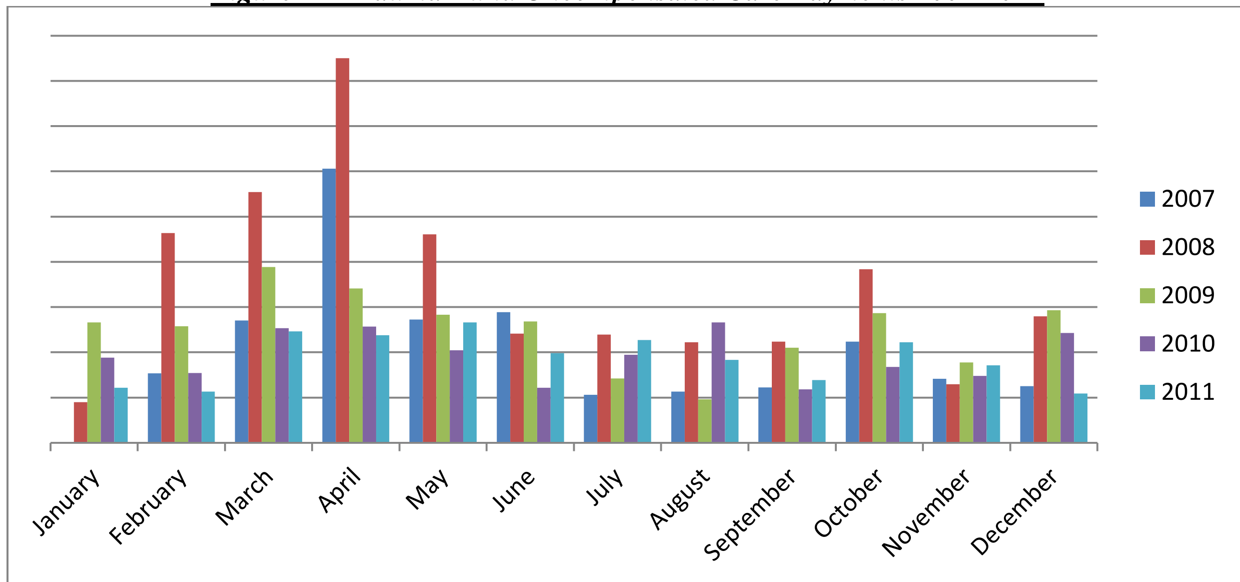
Maryland Trauma Physician Services Fund

Trauma Study
The *Report Evaluating the Configuration and Distribution of Trauma Centers in Maryland* was sent to the Senators Kasemeyer and Middleton, Delegates Conway and Hammen, the Maryland Institute for Emergency Medical Services Systems (MIEMSS) staff, and the members of Trauma Net following the Commission's approval to release the report last month.

On Call Applications
Applications for on call stipends for July through December 2011 from the trauma centers were due on January 31, 2012. Payments will be made in late February or early March, 2012.

Uncompensated Care Processing
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately $217,573 in December 2011. The monthly payments for uncompensated care from March 2007 through December 2011 are shown below in Figure 1.

Figure 1 – Trauma Fund Uncompensated Care Payments 2007-2011



Cost and Quality Analysis

Submission of Data for the Maryland Medical Care Data Base (MCDB)
Staff recently sent a letter to payers who submit data to the MCDB from Ben Steffen. The purpose of the letter was to alert payers to a likely change in *the requirement to report the race/ethnicity data elements* and a *possible change in the schedule for submission of data files* to the MCDB.

Senate Bill 234, Maryland Health Improvement and Disparities Reduction Act of 2012, sponsored by the O'Malley Administration, will establish new requirements regarding the ability of the MHCC and the Health Services Cost Review Commission to include racial and ethnic performance data in quality incentive programs. For the MHCC, such quality improvement programs include Maryland's Patient Centered Medical Home Program and the State-Regulated Payor EHR Adoption Incentive Program. *The proposed law would have an impact on how MHCC implements the existing requirement that submitting payers include race and ethnicity information in their Medical Eligibility data file.* Because the MCDB will be the data source used by the MHCC to track racial and ethnic performance in its quality improvement programs, the MHCC would no longer be able to give payers waivers for these data elements except under extenuating circumstances.

Possible Change in the Submission Schedule
MHCC expects to need to have data from private payers for use in assisting the Maryland Insurance Administration in examining risk adjustment options. The data must be timely, so the MHCC is considering changing the data submission schedule for the MCDB from **one annual** submission to **quarterly** submissions of the data files. We are contemplating changing the regulations effective for the submission due in June 2013. The Commission requested that payers comment on this possible change in the submission schedule.

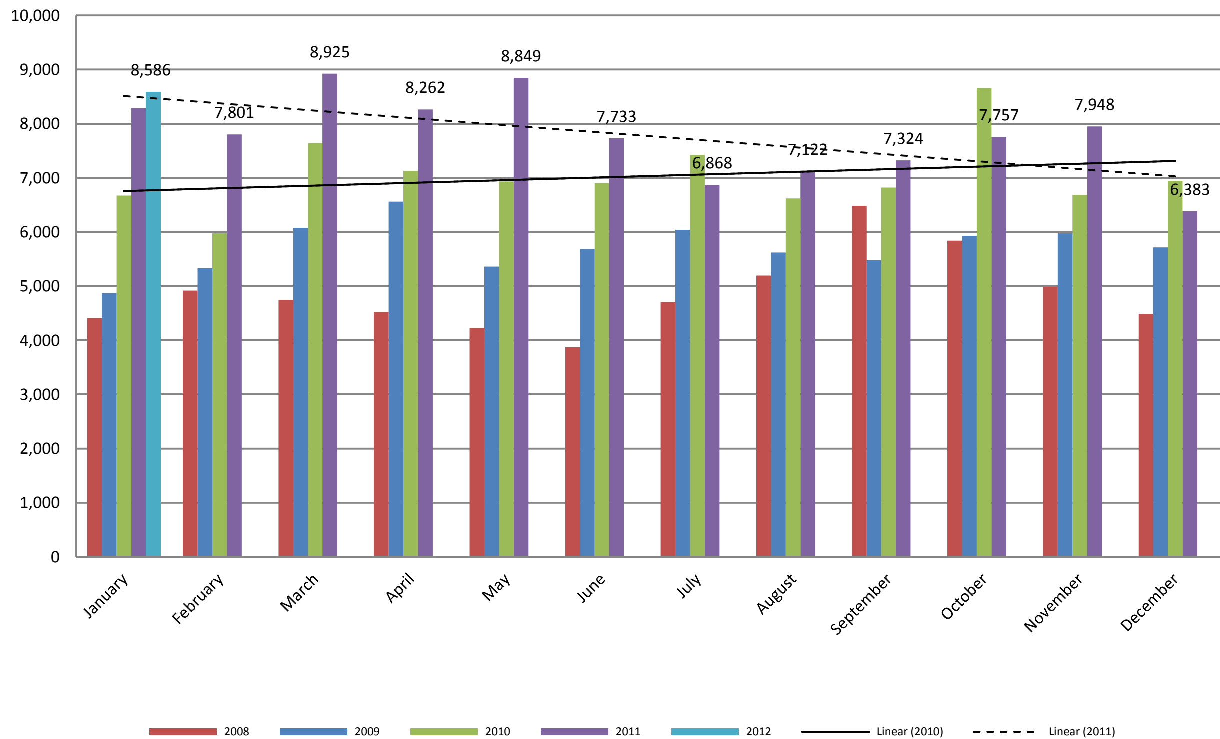
The significant delays by payers in submitting their 2010 data to the data base vendor, Social and Scientific Systems, and the numerous re-submissions by some payers have resulted in staff concluding that the Commission needs to be less flexible in allowing delays and numerous resubmissions by submitting payers. Staff is working on submission/resubmission criteria that will speed-up data submissions and impose penalties on payers who do not take the submission and data quality requirements seriously. To assist payers in understanding and meeting the new requirements, including

the need for race and ethnicity information and the likely change to quarterly submissions, staff will begin scheduling monthly meetings with payer representatives.

Sharing MCDB Data with Other State Agencies
Staff is currently negotiating data use agreements with other state agencies that will permit them to obtain data from the MCDB. So far, these agencies include the Maryland Insurance Administration, which would use the data for risk adjustment purposes associated with the Health Benefit Exchange, and the Infectious Disease and Environmental Health Administration, DHMH, for use in examining health services utilization among the privately insured with particular disease diagnoses. We anticipate that other state agencies will request access to MCDB data in the near future and are working on ways to streamline their access to timely data.

Data and Software Development

Figure 2 -- Unique Visitors to the MHCC Web Site



Internet Activities
The number of unique visitors to the MHCC website increased in January 2012 (Figure 2) by approximately 35% to a number close to the number of visitors in May 2011. January 2012 was 4% above January, 2011 and the number of new visitors also increased significantly, 52%, above last month.

Typically visitors to the MHCC website arrive directly, by entering an MHCC URL or by referencing our saved URL, via a search engine such as Google, or through a referral from another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.

The number of visitors from all traffic sources to the MHCC websites increased in January 2012 by nearly 31% to the highest it has been since June, 2011. Of note is that while the number of visitors increased significantly, the traffic sources' proportions continued to be within 2-3 percentage points of the proportions in December 2011. Traffic arriving by search engines increased by roughly 2 points to 49%. This was offset by the slight decreases in traffic for users arriving directly, to 31%. The users from site referrals continued at 21%. Typically, shares fluctuate up and down 3 to 4 percent from month to month. Google remains the dominant search engine, with an increase from December 2011 of 3% for a total of 52% of all visitors to the MHCC site, which also exceeds any other month since we have been collecting these statistics. Among the most common search keywords in January:

- "maryland health care commission"
- "maryland healthcare commission"
- "mhcc"
- "christine daw 'maryland health care commission' "
- "Maryland ship"

The remaining visitors were again referred from sites such as other state agencies. This share also shifts 3 to 4 percent month-to-month with no consistent upward or downward trend. Among top referrers were the DHMH website, the Maryland Web Portal (Maryland.gov), dhmh.state.md.us, dhmh.md.gov, and crisphealth.org.

Web Development for Internal Applications

Table 1 presents the status of development for internal applications and for the health occupation boards. Planning is underway for several new projects. The three projects are of equal importance – various portals for Patient Centered Medical Home, User Fee Assessment, and the Boards and Commissions Renewals. A combination of internal and contractual resources will be used for these efforts.

Table 1– Web Applications Under Development

Board	Anticipated Start of Development/Renewal	Start of Next Renewal Cycle
PCMH Quality Measure website	Underway	Went live January 26, 2012
PCMH Public Site	On-going Maintenance	Project went live end of January, 2012
PCMH Portal (Learning Center & MMPP)	On-going Maintenance	
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Licensing Sites (13 sites)	Modifying for Ethnicity	
Health Insurance Partnership Public Site	On-going Maintenance	
Health Insurance Partnership Registry Site	Monthly Subsidy Processing	
Health Insurance Partnership Registry Site	Monthly Registration	
Health Insurance Partnership Registry Site	On-going Maintenance	
Hospice Survey Update	Redesign in progress	Project goes live: February, 2012
Long Term Care 2011 Survey	Annual Maintenance	Start of Project: January 2012
Hospital Quality Redesign	Planning	Start of Project: Fall 2010

CENTERS FOR HEALTH CARE FINANCING AND LONG-TERM CARE AND COMMUNITY BASED SERVICES

Health Plan Quality and Performance

The 2011 Comprehensive Performance Report: Commercial HMO, POS, and PPO Health Benefit Plans in Maryland, also referred to as the Comprehensive Report was publicly released on January 26th, 2012. This report is a companion to the previously released 2011 Health Benefit Plan Performance Report and provides quality and performance information that enables users to compare health plans on key measures regarding health care delivery and member satisfaction. Information in the report is primarily used by large employers and health care policy makers. The 2011 Comprehensive Report highlights that Maryland's HMO and POS plans have demonstrated improved performance over time. Of the 13 clinical measures and indicators for which there is 10 years of data, 12 measures show clear trends of improvement since 2000, and only one measure, Breast Cancer Screening, shows a three percent performance decline. Commission staff will continue to collaborate with Maryland’s health benefit plans to systematically improve transparency, quality, and performance.

Taking a collaborative approach to the regulation of Maryland health benefit plans, a teleconference with health benefit plan representatives was held January 18th to discuss 2013 Quality and Performance Reporting Requirements (QPRR) as well as other policy matters related to health benefit plans. A major outcome as a result of the January teleconference includes that although challenging, health benefit plans will begin taking steps toward reporting Maryland-only data during the 2013 Reporting Year, which is the 2012 data collection year.

A follow-up teleconference with health benefit plan representatives will be scheduled for the end of February to continue collaboration on 2013 QPRR, with emphasis on meeting the requirements of Senate Bill 234 by including additional reporting on Race, Ethnicity and Cultural Competency issues.

The division has presented to the Department of Budget and Management (DBM) for review and consideration, a revised Request for Proposals (RFP), to solicit a contractor for the Report Development activities of the division. A pre-bid conference related to this RFP is pending a second response with recommendations from the DBM.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)

VIRTUAL COMPARE, the information-only web portal developed for use by small businesses has been operational since last May. Over the past 30 days, the analytics have remained steady, averaging approximately 6 visits per day, 4 pages per visit, and 4 minutes per visit, the majority being new users of VIRTUAL COMPARE.

Health Insurance Partnership

The “Partnership” premium subsidy program has been available to certain small employers with 2 to 9 full time employees since October 1, 2008. As of February 7, 2012 enrollment in the Partnership was as follows: 372 businesses; 1,044 enrolled employees; 1,765 covered lives. The average annual subsidy per enrolled employee is about $2,300; the average age of all enrolled employees is 40; the group average wage is about $28,000; the average number of employees per policy is 4.1. The 4th annual report on the implementation of the Partnership was submitted to the General Assembly on January 1st and is posted on the Commission’s website.

In January, Commission staff mailed brochures to approximately 400 small businesses in Maryland informing them about VIRTUAL COMPARE and the Health Insurance Partnership, as well as the small business tax credit available through federal health reform. An additional 400 employers, brokers, and individuals received this same information via e-mail.

Mandated Health Insurance Services

Commission staff is awaiting direction from the Legislature related to MHCC's role in evaluating the existing mandates so that Maryland remains in compliance with the essential health benefits (yet to be defined) under the ACA.

Long Term Care Policy and Planning

Minimum Data Set Project

Commission staff are working with Myers and Stauffer (contractor) via bi-weekly phone conference calls to make the transition from the federal minimum data set (MDS 2.0) to MDS 3.0 as well as to convert the program from FoxPro to SAS programming language so that it is supported by and consistent with other programs at the Commission. The initial focus has been on reviewing and updating variables and programs from MDS 2.0 to 3.0. Variables have now been updated into the MDS Manager Program. Work is underway to update the program into SAS.

Hospice Survey (FY 2011)

The Commission collects data annually from all licensed hospice programs in Maryland. The FY 2011 Maryland Hospice Survey is scheduled for release for online survey completion in mid February. Staff is working on the final edits of the survey instrument. Once the survey is finalized, letters will go out to all hospice programs to inform them of the availability of the survey for data entry. The survey is completed in two parts. Part I is due 60 days after release of the survey. Part II (which is based on Medicare cost report data) is due no later than June 7, 2012.

Draft Hospice Section

The State Health Plan for Facilities and Services addresses health services that are regulated under the Certificate of Need (CON) program. One chapter, COMAR 10.24.08 covers nursing homes, home health agencies, and hospice programs. This chapter is currently undergoing review and update. In lieu of a single chapter covering the three types of health services noted above, there will now be a separate COMAR chapter for each. The first chapter for update will be hospice services. A brief update was presented at the January Commission meeting. The goal is to release this chapter for an informal public comment period in the next few weeks.

Hospice Regulations Workgroup

The Office of Health Care Quality within DHMH has convened a work group to develop regulations to address the development of residential hospice programs, or "hospice houses." These currently do not fall under the purview of the licensing regulations. Commission staff is participating in this development process. The first meeting was held on November 29th. The second meeting was held on January 10, 2012. A draft of proposed regulations is currently under review.

Home Health Agency Survey Data

Commission staff is reviewing and analyzing home health agency utilization trend data, based on submission of information reported by every home health agency in Maryland on the Commission's Annual Home Health Agency Surveys.

FY 2011 Home Health Agency Survey: Phase 1
Phase 1 of the FY2011 Home Health Agency Survey collection period ran from October 11, 2011 to January 10, 2012. The Commission received 100% submission rate on the due date of January 10, 2011. Phase 1 agencies are home health agencies with a fiscal year end date on or before June 30, 2011.

FY 2011 Home Health Agency Survey: Phase 2
Data collection for Phase 2 home health agencies (those with a fiscal year end date of September 30, or December 31, 2011) will begin in March of 2012. Staff will mail a survey notification to these agencies in February 2012.

Long Term Care Survey
FY 2010 Long Term Care Survey data has been cleaned for Assisted Living, Adult Day Care, and Chronic Hospitals. Staff is following up with nursing homes to resolve discrepancies with the 2010 data. Once all data cleaning is complete, public use data sets and staff reports will be produced.

Long Term Care Quality Initiative

Nursing Home Experience of Care Surveys
The 2012 survey cycle has begun; the surveys are scheduled to be mailed to prospective respondents in mid-March. Surveys are due by mid-May; with release of results scheduled by July 1, 2012.

Seasonal Influenza Vaccination for Staff Working in LTC
On January 31, 2012 the MHCC Long Term Care Quality Initiative held an Influenza Vaccination Webinar for nursing homes – "Implementing Effective Strategies to Increase Flu Vaccination Rates & Reduce Worker Resistance." The objectives of the webinar were to: 1) Describe lessons learned during implementation of the mandatory influenza vaccination policy at a large healthcare system (BJC Healthcare), 2) Describe the reasons given by healthcare personnel for not receiving an annual influenza vaccination and strategies to address the reasons in the absence of a mandatory policy, and 3) Discuss work force challenges (high turnover, for example, seen in the nursing homes setting) that need to be considered in achieving high influenza vaccination rates among HCW.

The speaker was Nancy Gemeinhart, R.N., M.S. C.I.C. who is Program Director for Occupational Health Services for BJC HealthCare in St. Louis, MO. Ms. Gemeinhart facilitated the development and implementation of the current influenza immunization policy making influenza immunization a condition of employment for all employees (over 27,000) at BJC HealthCare. Following the presentation, questions were taken from the participants.

Feedback from participants has been very positive. Ways in which participants said they would use the information presented include:

Using statistical data to encourage decliners to get the vaccine
Designing a campaign for the next round of influenza vaccinations
Use to promote increased vaccination rates among staff
Review with current policies to make appropriate changes.
Consider the information at Infection Control Sub-committee meeting
Use new ideas presented to try in my facility
Use in implementing a mandatory policy

Hospital Quality Initiatives

Hospital Performance Evaluation Guide (HPEG) Update

The HQI staff successfully implemented the January update to the Hospital Performance Evaluation Guide on schedule. The January update includes clinical quality measures data for heart attack, heart failure, pneumonia, surgical care and childhood asthma for the 12-month period ending June 2011. Patient experience measures were also updated for 12-month period ending June 2011. Fore the first time, Guide also includes 30-day readmission measures for AMI, Heart Failure, and Pneumonia.

On February 7, 2012 the HQI staff held a webinar for hospital quality and performance improvement staff to review new quality measures data requirements and related changes to the Hospital Performance Evaluation System. Over 50 hospital representatives participated in the webinar.

Data Collection Initiative for Specialized Cardiac Care

All Maryland acute general hospitals with a waiver from the MHCC to provide primary percutaneous coronary intervention (PCI) services or with a certificate of need for a cardiac surgery and PCI program are required to report quarterly data to the Commission through use of the American College of Cardiology Foundation's (ACCF) National Cardiovascular Data Registry (NCDR®) ACTION Registry®-GWTG™ and ACCF's NCDR CathPCI Registry®. These reporting requirements apply to eligible patients discharged on or after July 1, 2010. A copy of the Register notices and related information is available on the Commission's Cardiac Data webpage located at http://mhcc.maryland.gov/cardiac_advisory/index.html.

In addition, as a condition of designation as a Cardiac Interventional Center, the Maryland Institute for Emergency Medical Services Systems (MIEMSS) requires hospital participation in the NCDR ACTION Registry to fulfill its data reporting requirements under COMAR 30.08.16.02 D (9). These reporting requirements also apply to three out of state hospitals operating under Memoranda of Understanding with MIEMSS as Cardiac Interventional Centers.

The staff has developed a process for the transfer of the ACTION and CathPCI registry data to the MHCC. We continue to work collaboratively with MIEMSS to maintain a single data transfer process to accommodate the requirements of both agencies and to minimize the burden on hospitals. The HQI and IT staff are working with individual hospitals to address outstanding technical issues.

Healthcare Associated Infections (HAI) Data

Maryland hospitals are required to use the CDC National Healthcare Safety Network (NHSN) surveillance system to report data to the Commission on central line associated bloodstream infections (CLABSIs) in any ICU and surgical site infections related to Hip, Knee and CABG procedures. MHCC has established a five year contract with Advanta Government Services, Inc (AGS) to provide HAI data quality review and on-site medical chart audit services. The audit of the FY2011 data has been completed and hospitals have been provided a summary of their results. At the January 25th meeting of the HAI Advisory Committee, AGS presented preliminary audit findings to the group. The staff is now working with the vendor and individual hospitals to address outstanding issues and discrepant cases. MHCC will host an educational webinar to update hospital Infection Preventionists on our findings and to review current NHSN definitions and requirements.

Specialized Services Policy and Planning

Amendments to COMAR 10.24.17

Commission staff released draft proposed amendments to the State Health Plan Chapter for Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services (COMAR 10.24.17) for informal public comment on November 1, 2011, with comments due on November 8, 2011. The amendments are designed to address the process by which an interventional cardiologist who has not performed the required number of PCI cases during a 12-month period that includes a brief leave of absence from clinical practice may resume performing PCI in a hospital issued a waiver by the Commission. The draft was posted on the Commission's website and distributed by e-mail to affected institutions as well as interested persons. At its public meeting on November 17, 2011, the Commission reviewed the staff analysis of the informal public comments and took action to adopt the staff-recommended changes as emergency and proposed permanent regulations. The Joint Committee on Administrative, Executive, and Legislative Review approved the emergency amendments to COMAR 10.24.17; the effective dates for the emergency status are January 14, 2012 through May 14, 2012. Notice of the Commission's proposed action was published in the *Maryland Register* on December 30, 2011; the Commission accepted written comments through January 31, 2012. The Commission has received no comments on the proposed amendments. Final action on the proposed permanent regulations will be considered by the Commission during its public meeting on February 16, 2012.

Hospital Services Policy & Planning/Certificate of Need

Certificate of Need ("CON")

CON's Approved

Johns Hopkins Hospital – (Baltimore City) Docket No. 11-24-2320
Wilmer Eye Institute – Addition of an operating room at the Bendann Outpatient Surgical Center
Cost: $1,430,037

National Lutheran Home and Village of Rockville, Inc. (Montgomery County) Docket No. 11-15-2219
New construction and renovation of a comprehensive care facility (CCF), reducing the CCF bed capacity from 300 to 160 beds and adding facilities for assisted living
Cost: $22,914,700

CON Applications Filed

Frederick Memorial Hospital – (Frederick County) – Matter No. 12-10-2326
Renovation of the existing south wing of the 4th floor of the "A" building and the addition of 10 private patient rooms for MSGA services.
Estimated Cost: $2,348,587

Bellona Surgery Center – (Baltimore County) – Matter No. 12-03-2327
Addition of an operating rooms to an existing ambulatory surgery center
Estimated Cost: $104,500

Massachusetts Avenue Surgery Center – (Montgomery County) – Matter No. 12-15-2328
Addition of an operating room to an existing ambulatory surgery center
Estimated Cost: $638,250

Hospice of Queen Anne's County – (Queen Anne's County) – Matter No. 12-17-2329

Conversion of 6 residential hospice beds to general inpatient hospice beds at an existing facility in Centreville
Estimated Cost: $11,400

<u>Pre-Application Conference</u>

<u>Bellona Surgery Center – (Baltimore County) – Matter No. 12-03-2327</u>
Addition of an operating rooms to an existing ambulatory surgery center
January 3, 2012

<u>Determinations of Coverage</u>

- **<u>Ambulatory Surgery Centers</u>**

<u>Chesapeake Eye Surgery Center, LLC – (Anne Arundel County)</u>
Addition of a procedure room to an existing ambulatory surgery center

<u>OBGYN4U, LLC – (Montgomery County)</u>
Establish an ambulatory surgery center with 1 non-sterile procedure room to be located at 19785 Crystal Rock Drive, Suite 208, in Germantown

<u>Montgomery Endoscopy Centre – (Montgomery County)</u>
Addition of a physician to the medical staff of an existing ambulatory surgery center

- **<u>Acquisitions/Change of Ownership</u>**

<u>Southern Maryland Hospital Center – (Prince George's County)</u>
Francis P. Chiaramonte, Jr. will transfer all of his ownership interest in Southern Maryland Hospital, Inc. ("SMH") and Southern Maryland Hospital Center Limited Partnership ("SMHCLP) to his wife and five children. SMH owns Southern Maryland Hospital Center.. SMHCLP owns the land and buildings on which the hospital is housed and situated and leases this land and buildings to SMH.

<u>Center for Pain Management ASC, LLC – (Washington County)</u>
Change to the ownership structure. CPM-Hagerstown will now be wholly owned by ASC Development Company, LLC, a Maryland limited liability company, which will serve as the parent company for ten ambulatory surgery centers. This company will be owned by the two newly formed entities, NSPC ASC Corp (0.1%) and NSPC LLC (99.9%).

<u>Center for Pain Management ASC, LLC – (Montgomery County)</u>
Change to the ownership structure. CPM-Rockville will now be wholly owned by ASC Development Company, LLC, a Maryland limited liability company, which will serve as the parent company for ten ambulatory surgery centers. This company will be owned by the two newly formed entities, NSPC ASC Corp (0.1%) and NSPC LLC (99.9%).

<u>Center for Pain Management ASC, LLC – (Baltimore City)</u>
Change to the ownership structure. CPM-Baltimore will now be wholly owned by ASC Development Company, LLC, a Maryland limited liability company, which will serve as the parent company for ten ambulatory surgery centers. This company will be owned by the two newly formed entities, NSPC ASC Corp (0.1%) and NSPC LLC (99.9%).

<u>Center for Pain Management ASC, LLC – (Anne Arundel County)</u>

Change to the ownership structure. CPM-Glen Burnie will now be wholly owned by ASC Development Company, LLC, a Maryland limited liability company, which will serve as the parent company for ten ambulatory surgery centers. This company will be owned by the two newly formed entities, NSPC ASC Corp (0.1%) and NSPC LLC (99.9%).

- **Other**

  - **Delicensure of Bed Capacity or a Health Care Facility**

The Pines – (Talbot County)
Temporary delicensure of 10 CCF beds

FutureCare – Old Court – (Baltimore County)
Temporary delicensure of 6 CCF beds

FutureCare – Charles Village – (Baltimore City)
Temporary delicensure of 5 CCF beds

FutureCare – Cold Spring – (Baltimore City)
Temporary delicensure of 17 CCF beds

FutureCare – North Point (Baltimore County)
Temporary delicensure of 6 CCF beds

Frankford Nursing & Rehabilitation Center – (Baltimore City)
Temporary delicensure of 7 CCF beds

Brinton Woods Health Care Center, LLC – (Carroll County)
Temporary delicensure of 1 CCF bed

National Lutheran Home & Village at Rockville – (Montgomery County)
Temporary delicensure of 38 CCF beds

  - **Relicensure of Bed Capacity or a Health Care Facility**

Milford Manor Nursing & Rehabilitation Center – (Baltimore County)
Relicensure of 16 temporarily delicensed CCF beds

College View Center – (Frederick County)
Relicensure of 9 temporarily delicensed CCF beds

Homewood Center – (Baltimore City)
Relicensure of 7 temporarily delicensed CCF beds

Anchorage Nursing & Rehabilitation Center – (Wicomico County)
Relicensure of 10 temporarily delicensed CCF beds

  - **Relinquishment of Bed Capacity or a Health Care Facility**

FutureCare – Sandtown Winchester – (Baltimore City)
Permanent relinquishment of 2 licensed CCF beds

FutureCare – Old Court – (Baltimore County

Permanent relinquishment of 3 licensed CCF beds

FutureCare – Cherrywood – (Baltimore CountY0
Permanent relinquishment of 2 licensed CCF beds

Planning and Policy

On January 23, 2012, HPP/CON staff made a site visit to Father Martin's Ashley, an intermediate care facility (ICF) for alcohol and substance abuse rehabilitation, in Havre de Grace (Harford County). This facility is planning to petition MHCC for a change in its docketing rules for capital projects by ICF facilities of this kind.

On January 24, 2012, HPP/CON staff participated in meetings with legislators and the House Health and Government Operations Committee concerning statutory changes recommended by MHCC with respect to regulatory oversight of PCI services.

CENTER FOR HEALTH INFORMATION TECHNOLOGY

Health Information Technology

During the month, staff participated in the Office of the National Coordinator for Health Information Technology's (ONC) Health Information Technology (HIT) Policy Committee (committee) meeting. The HIT Policy Committee is tasked with developing recommendations on a policy framework for a national health information infrastructure, which includes standards for the exchange of electronic health information. The committee discussed the meaningful use proposed regulations for Stage 2 that are expected to be released by the Centers for Medicare and Medicaid Services (CMS) in early February. CMS reported electronic health record (EHR) incentive payments of nearly $2.5 billion over the last year. As part of the discussion, the committee deliberated on whether providers must use certified EHRs to submit clinical quality measures to CMS as a requirement for incentive payments, and the challenges that exist for EHR vendors due to the lack of standards around information technology vocabularies. The committee also considered an activities timeline for the upcoming year, which included a plan to review comments received from the notice of proposed rulemaking process for Stage 2 of meaningful use, and to develop standards for quality measurement, imaging, public health, and EHR portability.

Last month staff provided input to the Statewide Health Information Exchange (HIE) Coalition (Coalition) around the usefulness of conducting a mini demonstration project (project) with regard to the Direct protocols. These protocols center on specifications for a secure, scalable, standards-based way to establish universal health that addresses the transport for participants to send encrypted health information directly to known, trusted recipients over the Internet. States are implementing a variety of HIEs ranging from robust query-based exchanges to secure point-to-point messaging using the Direct protocols. Query-based HIE is generally considered a viable long-term option for the electronic exchange of health information, and requires participation by a large number of data contributors to generate value to users. The Coalition concluded a project where providers exchanging limited information would generate technology and policy learning lessons that could benefit states as they move toward the broad adoption of the Direct protocols. The Coalition also decided to establish benchmarks and quality measures that would assist states in analyzing the robustness of HIEs.

Staff awarded management service organization (MSO) *State Designation* to MedPlus; currently nine MSOs have received *State Designation* and approximately seven MSOs are in *Candidacy Status*. MSOs have emerged as a way to address the challenges associated with provider adoption of EHRs, including the challenges associated with the cost and maintenance of the technology and ensuring the privacy and security of data stored electronically. These organizations are capable of supporting multiple EHR

products at reduced costs through economies of scale and bulk purchasing. Data is safeguarded through a network operating center that, by design, ensures high quality and uninterrupted service. Remotely hosted EHRs enable providers to focus on care delivery rather than dedicating staff to support the hardware and technology. The MSO State Designation criterion requires MSOs to establish and maintain a connection to the state designated HIE. During the month, staff met with MSOs to discuss the programming specifications and service requirements for connecting to the state designated HIE. Staff plans to meet with MSOs in February to further define the specifications to be used in developing the interface for communicating with the HIE infrastructure.

Staff finalized data collection activities for the *2011 Hospital Health Information Technology Survey* (survey) from all 46 acute care hospitals in Maryland. The survey assesses the extent of HIT adoption within hospitals and compares adoption trends geographically, by size, and by affiliation. New to the survey this year were questions regarding telemedicine use in hospitals. The survey enables a comparison to national HIT adoption trends and is unique in that it includes an evaluation of HIT planning efforts. Results from the survey are used by hospitals to compare performance with other hospitals and assess technology adoption trends. The findings are also used by staff in developing strategies aimed at advancing HIT in the state. Over the next month, staff will work with hospitals to address questions identified during the analysis of the data. The survey is scheduled for release in the spring of 2012.

During the month, staff reviewed the implementation activities outlined in the first phase of work relating to electronic prior authorizations with about eight state-regulated payers and third party administrators (TPAs). The first phase involves connecting to a single sign-on authority designated by the MHCC. Prior authorization is required by payers and TPAs to establish medical necessity for certain prescriptions and medical services. State-regulated payers and TPAs agreed to support the recommendations in the *Recommendations for Implementing Electronic Prior Authorization* report presented to the Joint Committee on Health Care Delivery and Financing in December. The recommendations aim at developing an efficient process to obtain prior authorization when needed through technology. Last fall, staff convened a multi-stakeholder workgroup that developed recommendations for state-regulated payers and TPAs that include the use of a single sign-on option; posting of prior authorization requirements on their website; developing an online process for accepting prior authorization; and processing requests in real time. The recommendations in the report are scheduled to be implemented over the next two years. State-regulated payers and TPAs are required to report annually to the MHCC on their progress in adopting the recommendations.

Staff is in the planning stages for completing a requirement in House Bill 706 (HB 706) *Electronic Health Records – Regulation and Reimbursement* that was passed during the 2009 legislative session. HB 706 requires the MHCC to report on the progress made by providers toward the adoption and meaningful use of EHRs; develop recommendations aimed at achieving optimal adoption and use; assess the progress achieved toward the adoption and meaningful use by providers; and recommend any changes in law that may be necessary to achieve optimal adoption and use. Over the next three months, staff plans to complete an environmental scan, conduct provider interviews, and perform a literature review. Through a competitive process staff selected Audacious Inquiry, LLC to assist in completing the work. The MHCC is required to submit a report to the Governor and the General Assembly by October 2012. HB 706 also authorizes the Commission to designate one or more MSOs to offer hosted EHR solutions, and establish regulations that require state-regulated payers provide one-time incentives to providers that adopt an EHR.

In January, staff contacted nearly 194 nationally certified EHR vendors and informed them that the MHCC will accept letters of intent to participate in the next version of the EHR Product Portfolio (Portfolio). This online resource offers providers evaluative and comparative information on EHR products and vendor services. Approximately 45 vendors are currently included in the Portfolio, which was developed originally in 2008. Vendors participating in the Portfolio are required to provide EHR product screen prints; user references; product pricing and implementation cost projections; privacy and

security policies; and case relevant studies. The next release of the Portfolio is scheduled for May. Included in the upcoming release of the Portfolio will be information about Direct services offered by vendors. The ONC expects to require vendors to include Direct protocols in their EHR products in order to achieve national certification. CMS also indicated they will require providers to use Direct services to qualify for EHR adoption incentives under meaningful use Stage 2 effective in 2013.

Health Information Exchange

Staff worked with CliftonLarsonAllen, LLP (CLA) to define the parameters for the technology security audit of the HIE. Each year the MHCC engages an information technology audit organization to evaluate the privacy and security controls of the statewide HIE infrastructure being developed by the Chesapeake Regional Information System for our Patients (CRISP). The technology audit is scheduled to begin in February with the issuance of a report in May. CLA expects to review nearly 150 information security controls as part of the audit. Staff continues to provide guidance on outreach and education programs to the CRISP Regional Extension Center (REC). In 2009, CRISP received around $6.4M from the ONC to develop and implement a strategy that expands EHR adoption in the state and qualifies priority primary care practices (PPCPs) for federal EHR adoption incentive payments. Approximately 15 MSOs have contracted with the REC to provide education, outreach, and technical assistance to 1,000 PPCPs, a goal set by the ONC. MSOs receive incentives from the REC for helping providers achieve three specific milestones: signing a participation agreement; implementing certain EHR functionality (i.e., e-prescribing); and meeting the meaningful use Stage 1 requirements. All combined, approximately 1,471 PPCPs have signed a participation agreement with an MSO. The ONC recently announced extending the REC program from two to four years and potentially offering some additional funding to RECs that meet their goal.

Staff is working with CRISP and the Abell Foundation to launch an Innovative Ideas Contest, a program conceived by the Secretary of the Department of Health and Mental Hygiene (DHMH). This initiative aims at stimulating innovations around the use of potential data sources, both within and outside the health care domain, to achieve new insights, solutions, or interventions that address public health challenges that leverage the state designated HIE. Applications will be submitted online through a leading social media platform that allows for voting and includes a rating mechanism. The contest includes a first, second, and third place winner along with a people's choice award. The total award amount for the contest is $5,000 with the largest amount going to the first place winner; finalists will receive public recognition from the Secretary of DHMH. Customizing a social media website to support this initiative is underway; the Innovative Ideas Contest is tentatively set to begin in March with winning applications selected in May 2012.

Implementation activities continued in January as it relates to the Challenge Grant, a part of the *State Health Information Exchange Cooperative Agreement Program* (project). Maryland is the recipient of approximately $1.6M from the ONC to develop innovative and scalable solutions that improve long term care and post acute care transitions by leveraging the HIE. The project focuses on three key components: HIE integration with six LTC facilities; implementation of the HIE portal with about 50 LTC facilities; and development of recommendations for advance directives. As part of the work, the state designated HIE will deploy a framework for storing and exchanging advance directives in Maryland and include advance directives as a component of the electronic summary of care record. An Advance Directives Focus Group convened to propose recommendations around establishing a repository for signed Medical Orders for Life-Sustaining Treatment (MOLST) forms, and potentially creating an electronic version of the MOLST. Maryland is one of 10 states to receive a Challenge Grant award from the ONC.

Staff is collaborating with the state designated HIE to develop strategies to encourage ambulatory practices to connect to the HIE. Over the next several months, staff will convene stakeholders to identify challenges and deploy practical solutions to connect ambulatory practices to the state designated HIE; identify what ambulatory practices need in general to connect; identify potential barriers to utilizing HIE and propose practical solutions; and develop strategies that engage employers, consumers, hospitals, and

payers in a manner that can help accelerate ambulatory practice connectivity. The decision by CMS not to include a requirement for ambulatory practices to connect to a state designated HIE for EHR adoption incentive payments requires states to retool strategies for engaging ambulatory practices in HIE. Through a competitive process staff has selected Audacious Inquiry, LLC to assist in completing the work. A report is target for release in July 2012.

Staff continues to provide support to the HIE Policy Board (board) in developing policies that, once adopted by the MHCC, will become proposed regulations subject to the existing promulgation process. The board is tasked with developing privacy and security policies that govern the exchange of electronic health information exchanged through HIEs operating in Maryland. In January, three board workgroups were convened to consider policies related to *Primary Data Use and Disclosure* and *Consumer Access to Audit.* These policies are scheduled for consideration by the board at the March 20th meeting. During the month, staff reviewed comments received from DHMH on the initial draft of the HIE regulation, which reflects the 11 policies previously recommended by the board to the MHCC for adoption. Staff anticipates seeking informal public comments on the draft regulations in February and presenting them to the Commission for action as proposed regulations in the spring. The board consists of nearly 35 individuals that largely represent various consumer advocates and provider organizations.

Analysis continued during the month on data collected from various provider and community-based organization focus groups. Last fall, consumer focus groups convened around the state to determine the level of awareness of electronic health information; trust in the electronic exchange of this information; and challenges related to consumer access and control in an environment where multiple HIEs exist. Data from focus group meetings will help to formulate policies around implementing consumer access to their electronic health information; determine the level of consumer awareness and trust of information exchanged electronically in Maryland across socioeconomic status, race, ethnicity, age, gender, health status, and literacy level; and develop consumer outreach and education recommendations for HIE. Koss on Care, a consultant organization, has provided assistance in completing the work. The report is targeted for release in April of 2012.

Electronic Health Networks & Electronic Data Interchange

COMAR 10.25.07 – *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses* requires payers to contract with MHCC certified electronic health networks (networks) for the exchange of electronic health care transactions that originate in Maryland. Certification is awarded to networks that have achieved accreditation by a qualified accreditation organization recognized by the MHCC. During the month, staff recertified Herae, LLC and RelayHealth.

National Networking

Staff participated in the *EHNAC HIE* webinar that focused on the current state of HIE models and how the Direct Project impacts HIEs. Staff also participated in the *Medicare Shared Savings Program Final Rule, Region III* webinar that presented an overview of the Medicare Shared Savings Program/Accountable Care Organizations and the Final Rule.